

| Risk description | Probability | Impact | Raised by | Date Raised | Last Updated | Stage | Owner | Status | Mitigating Action |
|---|-------------|--------|-------------|-------------|--------------|-------|----------|--------|--|
| Decrease in workforce and issues with staff retention due to proposed changes in model and resultant culture change | M | H | DHC and CCG | 23/09/2016 | | 3&4 | KFS & EH | Open | These issues will be addressed through: Workforce strategies, formal consultation with staff and robust change management processes. A strategy for creating an integrated workforce including peer support workers will be developed. |
| There is a risk about workforce recruitment issues due to a lack of clinical workforce availability (also a national issue) | M | H | DHC and CCG | 27/09/2016 | | 3&4 | KFS & EH | Open | Recruitment issues to be addressed through workforce strategies and succession planning that identifies how personnel are deployed. The care model focusses on recovery and development of peer support workforce that will ensure medical staff are able to give meaningful clinical time to patients. |
| There is a risk of not being able to raised capital for the inpatient developments | H | H | DHC and CCG | 27/09/2016 | | 3&4 | KFS & EH | Open | Alternative funding options within the system will be explored including through the estates review. |
| There is a risk of being unable to raise recurrent revenue for inpatient services. This means that out of area (OOA) placement will continue and impact on patients. | H | H | DHC and CCG | 27/01/2016 | | 3&4 | KFS & EH | Open | The Strategic Outline Case (SOC) states that this does not impact overall on the current spend because of existing OOA spend. Agreement for ongoing and/or future investment will be via the CCG Governing Body. In addition there will be ongoing financial planning and identification of other revenue and capital funding sources. |
| NHS England requested capital bids linked to the crisis care concordat. The risk is that the Capital bid for retreat development will be unsuccessful. | H | H | DHC and CCG | 23/09/2016 | | 3&4 | KFS & EH | Open | Continue robust financial planning and identify alternative funding potential from within the current system. |
| The recommended support and treatment of people in care clusters 1-4 to be supported in primary care (people experiencing depressive illnesses are usually in these care clusters) could have a negative impact on primary care capacity. | L | H | DHC and CCG | 23/09/2016 | | 3&4 | KFS & EH | Open | Liaison with primary care and GP practices; DHC to provide InReach to GP practices via the CMHTs and provide training plus provide doctor to doctor support as required. |
| There is the continued risk related to the impact of reductions in local authority (LA) funding. | H | H | DHC and CCG | 23/09/2016 | | 4 | KFS & EH | Open | The LA partners have provided assurance that there are no current plans to reduce investment in MH services at this stage. Ongoing discussions across all health and social care partners about funding challenges; Escalation of concerns if they arise will be through the Joint Commissioning Board. |

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| The outcome of the Clinical Service Review (CSR) regarding the Alderney Hospital site could impact negatively on the preferred way forward. | M | H | DHC and CCG | 23/09/2016 | | 4 | KFS & EH | Open | The SOC recommends a staged implementation of inpatient bed which addresses the risk related to the Alderney site and this ensures a backup plan is in place for the interim whilst other operationally viable options are sought |
| The outcome of the CSR regarding the Westhaven site could impact on the timescales of the ACP implementation. | M | H | DHC and CCG | 23/09/2016 | | 4 | KFS & EH | Open | Ongoing liaison with CCG re CSR consultation progress |
| Proposals regarding the commissioning of substance misuse services could impact on other services in the care pathway including emergency departments. | M | H | Public Health | 28/09/2016 | | 4 | KFS & EH | Open | Ongoing liaison with drug and alcohol service commissioners and provided feedback about the impacts via the joint commissioning board. |
| There is a risk that the existing third sector provider market is not in a position to bid for and deliver the preferred options. | L | m | LA | 28/09/2016 | | 4 | KFS & EH | Open | There will be market testing and development work with providers supported through the CCG Contracts and Procurement team. |